

**PATENT**

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Applicants : John C. Harvey and  
James W. Cuddihy

Serial No. : 08/470,051

Docket No. : 5634.0268

Filed : June 6, 1995

For : SIGNAL PROCESSING APPARATUS AND METHODS

Group Art Unit : 2699

Examiner : FAILE, A.

**RECEIVED**

**MAR 06 2002**

**Technology Center 2600**

**BOX: NON-FEE AMENDMENT**

Commissioner for Patents  
Washington, D.C. 20231

**I. AMENDMENT**

Applicants respectfully request that the following amendments be entered into the above-captioned application:

**A. In the Claims**

*Applicants request entry of the following amendments to the claims:*

*Claims 67, 77-78, 170-173, 176, 205-208 & 315-318 are amended; and*

*claims 2-66, 68-76, 79-169, 174-175, 177-204, 209-314 & 319-467 are cancelled.*

**Please cancel claims 2-66.**

2674

March 1, 2002

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In re Patent Application of:

Attorney Docket No.: 5634.0268 MAR 06 2002

John C. Harvey and

James W. Cuddihy

Technology Center 2600

Application No.: 08/470,051

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Title: SIGNAL PROCESSING APPARATUS AND METHODS

**Box: NON-FEE AMENDMENT**

Commissioner for Patents

Washington, DC 20231

Transmitted herewith is an Amendment and Associate Power of Attorney in the above-identified application. Fees, if any, are calculated below:

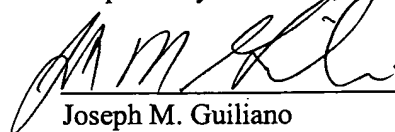
CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Previously Paid For	Extra	Rate		Amount
				Large Entity	Small Entity	
Number of Claims in Excess of 20	*	20	0	\$ 18.00	\$ 9.00	\$ 0.00
Independent Claims in Excess of 3	*	3	0	\$ 84.00	\$ 42.00	\$ 0.00
First Presentation of Multiple Dependent Claims				\$ 280.00	\$ 140.00	\$ 0.00
Extension Fee: a) One Month				\$ 110.00	\$ 55.00	\$ 0.00
b) Two Months				\$ 400.00	\$ 200.00	\$ 0.00
c) Three Months				\$ 920.00	\$ 460.00	\$ 0.00
d) Four Months				\$1440.00	\$ 720.00	\$ 0.00
e) Five Months				\$1960.00	\$ 980.00	\$ 0.00
Other:						\$ 0.00
<b>TOTAL FEE DUE</b>						\$ 0.00

- ☒ No additional fee is required.  
☐ A check in the amount of \$ \_\_\_\_\_ is attached.  
☐ Charge \$ \_\_\_\_\_ to Deposit Account No. 50-0206.  
☒ Charge any additional fees or credit any overpayment to Deposit Account No. 06-1075.

- ☐ Small Entity Status Claim:  
 is hereby requested.  
☐ is of record in this application.

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Respectfully submitted,



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